		DIVISION	0. 0.7.10110	AL KESEA		DS, 301 W. PRE		T, BALTIA	NORE 1, MA	RYLAND
		12821			CERTIFICA	TE OF DEA	AIH		128	316
1		PLACE OF DEATH				2. USUAL RESID	ENCE (Where de	ceased lived, H	institution: Reside	ince before edmission
		Howard			MARYLAND	a. STATE Maryla	and	b. COU	Howard	
	1	. CITY OR TOWN	f outside corporate lin	nits,	c. LENGTH OF STAY IN 16			orate limits, wri	te RURAL end give	nearest town)
ı		Ellicot	t City			E	Llicott (	itv	,	5 -1
ľ				(if not in hosp	ital, give street address)	d. STREET ADDR		203		. IS RESIDENCE
ı		47 Pa	rk Ave.			47 Par	ck Ave.			YES NO
		NAME OF	Firs	st	Middle	Last	4. DATE	Mont	th Dey	
ı		DECEASED (Type or print)	CHARI	LES LE	E GERWIG		OF DEATH	Son	+ / 1066	19
ı	5.	SEX	6. COLOR OR RAC			8. DATE OF BIRTH	9	. AGE (In years	1966 1 JIF UNDER 1 YEAR	
ı		Male	White	WIDOWED		0_17_1913		lest birthdey)	Months Days	Hours Min.
1	10e	USUAL OCCUPAT	ION (Give kind of wo.	rk 10b. Kit	ND OF BUSINESS OR INDUS	1 - 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	County & Stele, or	12	) 12. CITIZEN	OF WHAT COUNTRY
1	dor	Editor	rking life, even if retir	red)	unty paper		ard Co.	Md		
1	13.	FATHER'S NAME			P-Por	14. MOTHER'S MAIL		2/2/00		
		Anth	nur L.Gerwi	io	W. S.L	T	/. La Rue	Radeli	ffe	
ŀ		WAS DECEASED EV	ER IN U.S. ARMED FO	RCES?   16. S	OCIAL SECURITY NO.   17.	INFORMANT	Les Itue	Addres		
	(Yes	No (I	fyes give wer or detes of	service) 27		s. Lodona (	lerwig . //			ott City
	7		EATH [Enter only on	e cause per lin	ne for (a), (b), end (c).]	2000000	-5341			TERVAL BETWEEN
		PART I. DEATI	H WAS CAUSED BY	Van	7.	L	1 00	2.	, 0	NSET AND DEATH
		1000	IMMEDIATE CAUSE (a		cermon yo	my m	1 gen	rege		
		Conditions if any	DUE TO	1, 1	and the	home and	1 line		2	Grantes
		Conditions, if eny gave rise to immedi	ate ceuse	7	7					
		(a), steting the un								
	Z	PART II. OTHER	SIGNIFICANT COND		TRIBUTING TO DEATH BUT I	OT RELATED TO THE TE	PAINAL DISEASE	CONDITION OF	VEN IN DART 1/-	19 WAS ALITOREY
	CERTIFICATION	TAN III OTTIER	T. T		The second point	OF RELATED TO THE TE	OHITAL DISEASE	CONDITION OF	TENTIN FART ((0)	PERFORMED?
1	FICA	200 ACCIDENT W	AS UNDERLYING [	1 201 575	COURT HOUSE IN COLUMN CO.	25D 45		11 4 11 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES NO
1	ERTI	OR CONTRIBUTING	CAUSE OF DEATH		CRIBE HOW INJURY OCCUR	CLU. (Enter nature of inju	my in Part   or Part	II of item 18.1		
	U	UF EITHER, NUTTY		1			iy iii raii i oi raii			
١	= 1		MEDICAL EXAMINER	1	William O CC INDED					
	DICAL	20c. TIME OF INJU Hour e.m.		1		ACE OF INJURY (Home, ctory, street, office bldg.	ferm, ; 20f. (City		(County)	(State)
	MEDICAL	20c. TIME OF INJU		ear   20d. It	_Not While fa	ACE OF INJURY (Home,	ferm, ; 20f. (City		(County)	(State)
	MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	RY Month, Day, Y	ear 20d. It While et work	_Not While fa	ACE OF INJURY (Home, clory, street, office bldg.	ferm, ; 20f. (City	or town)		(State)
	MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	RY Month, Day, Y  19 hat (I) (this hosp	ear 20d. It While et work	Not While fa	ACE OF INJURY (Home, ctory, street, office bldg.	ferm, 20f. (City, etc.)	or lown)	4, 1966,	that (I) (we) la
	MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	RY Month, Day, Y  19 hat (I) (this hosp	ear 20d. It While et work	Not While at work fa	ACE OF INJURY (Home, clory, street, office bldg.	ferm, 20f. (City, etc.)   196.6 to,	for town)  Self the causes	4, 1966,	that (1) (we) late stated above.
	MEDICAL	20c. TIME OF INJU Hour e.m. p.m. 21. I certify to saw the deceas 22e. SIGNATURE	RY Month, Day, Y  19 hat (I) (this hosp	ear 20d. It While et work	ed the deceased from	ACE OF INJURY (Home, clory, street, office bldg.  It death occurred at ATTENDING PHYS.	ferm, 20f. (City, etc.)   196.6 to,	or lown)	4, 1966,	that (1) (we) laste stated above.
	MEDICAL	20c. TIME OF INJU Hour e.m. p.m. 21. I certify the saw the decease 22e. SIGNATURE	Month, Day, Y  19 hat (I) (this hosp ed alive on.	ear 20d. It While et work	ed the deceased from	ACE OF INJURY (Home, clory, street, office bldg.  It death occurred at ATTENDING PHYS.  22d. ADDRESS	ferm, 20f. (City, etc.) 196 to, 196 to, 174 M, from MED. DIRECTOR	the causes	1966, and on the da	that (1) (we) la te slated above. 22b. DATE SIGNE
	MEDICAL	20c. TIME OF INJU Hour e.m. p.m. 21. I certify to saw the deceas 22e. SIGNATURE	Month, Day, Y  19 hat (I) (this hosp ed alive on.	ear 20d. It While et work	ed the deceased from	ACE OF INJURY (Home, clory, street, office bldg.  It death occurred at ATTENDING PHYS.  22d. ADDRESS	ferm, 20f. (City, etc.) 196 to, 196 to, 174 M, from MED. DIRECTOR	the causes	4, 1966,	that (1) (we) laste slated above.  22b. DATE SIGNE
	23a	20c. TIME OF INJU Hour e.m. p.m.  21.   certify fl saw the deceas 22e. SIGNATURE  22c. PHYSICIAN S NAME (Tsee)	Month, Day, Y  19 hat (I) (this hosp ed alive on.	ital) attend	ed the deceased from	ACE OF INJURY (Home, clory, street, office bldg.  It death occurred at ATTENDING PHYS.  22d. ADDRESS	ferm, 20f. (City, etc.) 20f. (City, etc.) 20f. (City)	the causes  STAFF PHYS.	Him, 1966, and on the da	that (1) (we) laste slated above.  22b. DATE SIGNE
	23a	20c. TIME OF INJU Hour e.m. p.m.  21.   certify fl saw the deceas 22e. SIGNATURE  22c. PHYSIGNATURE  22c. PHYSIGNATURE  BURIAL, CREMATIREMOVAL (Specify)	Month, Day, Y  19 hat (I) (this hosp ed alive on.  DeLA	ital) attend	ed the deceased from 19.6, and the	ACE OF INJURY (Home, clory, street, office bldg.  It death occurred at ATTENDING PHYS.  22d. ADDRESS  12140  OR CREMATORY	ferm, 20f. (City, etc.) 20f. (City, etc.) 20f. (City)	the causes  STAFF PHYS.	tinon	that (1) (we) laste stated above.  22b. DATE SIGNED
	23a.	20c. TIME OF INJU Hour e.m. p.m.  21.   certify fl saw the deceas 22e. SIGNATURE  22c. PHYSICIAN S NAME (Tsee)	Month, Day, Y  19 hat (I) (this hosp ed alive on  DeL, A.  ON, 23b. DATE THI	ital) attend	ed the deceased from 19.6, and the	ACE OF INJURY (Home, clory, street, office bidg.  It death occurred at ATTENDING PHYS.  22d. ADDRESS  12140  OR CREMATORY	ferm, 20f. (City, etc.) 20f. (City, etc.) 20f. (City)	the causes  STAFF PHYS.   ATION (City, to	Him, 1966, and on the da	that (1) (we) laste slated above.  22b. DATE SIGNED  (State)
	23a.	20c. TIME OF INJU Hour e.m. p.m.  21. I certify fl saw the deceas 22e. SIGNATURE  22c. PHYSIGNAY NAME (T\$00) BURIAL, CREMATI REMOVAL (Specify) BURIAL DIRECTOR	Month, Day, Y  19 hat (I) (this hosp ed alive on  DeL, A.  ON, 23b. DATE THI	ital) attend	ed the deceased from 19.6, and the 23c. NAME OF CEMETERY	ACE OF INJURY (Home, clory, street, office bidg.  It death occurred at ATTENDING PHYS.  22d. ADDRESS  12140  OR CREMATORY	ferm, 20f. (City, etc.) 20f. (City, etc.) 20f. (City)	the causes  STAFF PHYS.   ATION (City, to	tin on the da tin on the da tin on the da tin on the da tin on the day of the	that (1) (we) laste slated above.  22b. DATE SIGNED  (State)

71751 Jun Di . THE PART OF ... .ev. live Th. Borde, N. Aros But to be beautiful deren I dente elitiebal one at V. AND THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE ST all the many of the productions with the MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12822

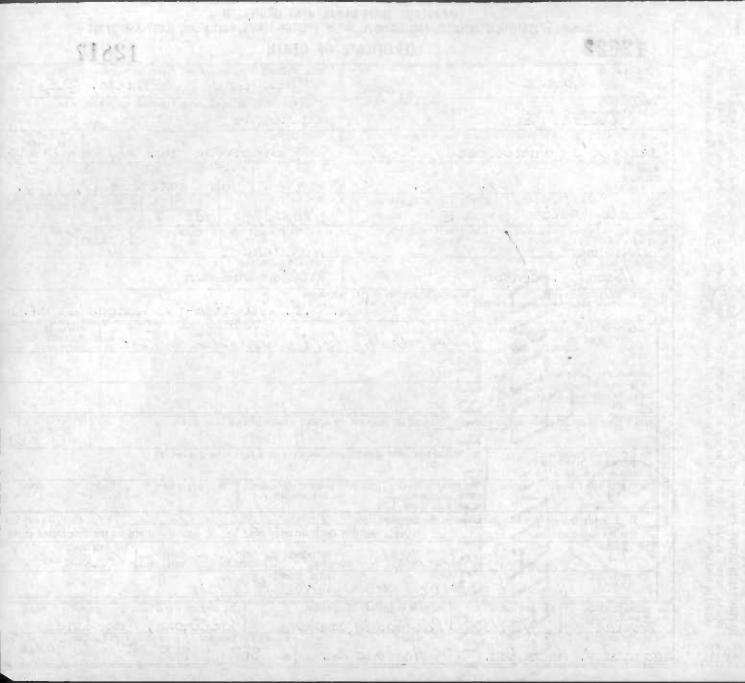
## CERTIFICATE OF DEATH

12817

U		PLACE OF DEATH O. COUNTY HOWARD  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before or o. STATE Maryland b. COUNTAL to . (1	ty v
		b. CITY OR TOWN (If outside corporate limits, write RURAL rand give neopest hown).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Baltimore	wn)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)		RESIDENCE
90		Shaffer's Convalescent Retreat	5609 Birchwood Ave. #14 YES	N A FARM?
		NAME OF First Middle OF Print) Mary C. Kn	eriem de September 20,	Year 19 66 .
	S.	Jemale   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED      Jemale   White   WIDOWED   DIVORCED		UNDER 24 HRS.
	1Do duri	o. USUAL OCCUPATION (Give kind of work done ingress of working life, eyen if retired)  Tousewife	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHO COUNTRY?  Maruland	IAT
	13.	Thomas g. Benson	14 Mother Maiden Name Matilda Wheedon	4
			NFORMANT  Address  Address  Address  Lancaster	St.
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) AFFINE SCIENTIC		AL BETWEEN AND DEATH
		DUE TO		
		Conditions, if ony, which gove (b)		
		stoting the underlying couse   DUE TO		
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA PER YES [	S AUTOPSY FORMED? NO
	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL		E OF INJURY (Home, form, ary, street, office bldg., etc.) 20f. (City or town) (County)	(Stote)
		21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive on1919, and tha	t death occurred a $\frac{1965}{100}$ , to $\frac{4-20}{100}$ , 1965, that	
Α-		220. SIGNATURE LANGUAGE & SIGNATURE M.	ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. D 9-20-	CC
1		NAME (Type) Theman F. Herbert, M.D.	22d. ADDRESS Plicott City, Ad.	
0	230	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(Stote)
h			emetery Baltimore, Maryland	1
12	1	Enough of Kuck inc. 5305 Hortord 1	250. REC'D BY REGISTRAR 25b. REGISTRARS SIGNATURE	udge
	2 6	20111111111 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	THE THAT WE IN THE TOTAL OF THE	-

2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the articaling physicion and campletely filled in by the funerol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in ony event, within 72 hours offer death. Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS,

FOR STATE HEALTH DEPI

> and with the State Department of within 72 hours ofter death.

PVCBF

pages File

Health or its designated agent, prior to burial, cremation, or removal, and in ony

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

2, and 3 ta PM3. Page any delay is

pencil in Item 18. Give Pages 1,

9

This certificate should be executed within 24 hours ofter death

the funeral director. Page 4 should be farwarded to the Chief Medical Exominer's Office along with farm

necessary, please execute the certificate, writing the word "pending"

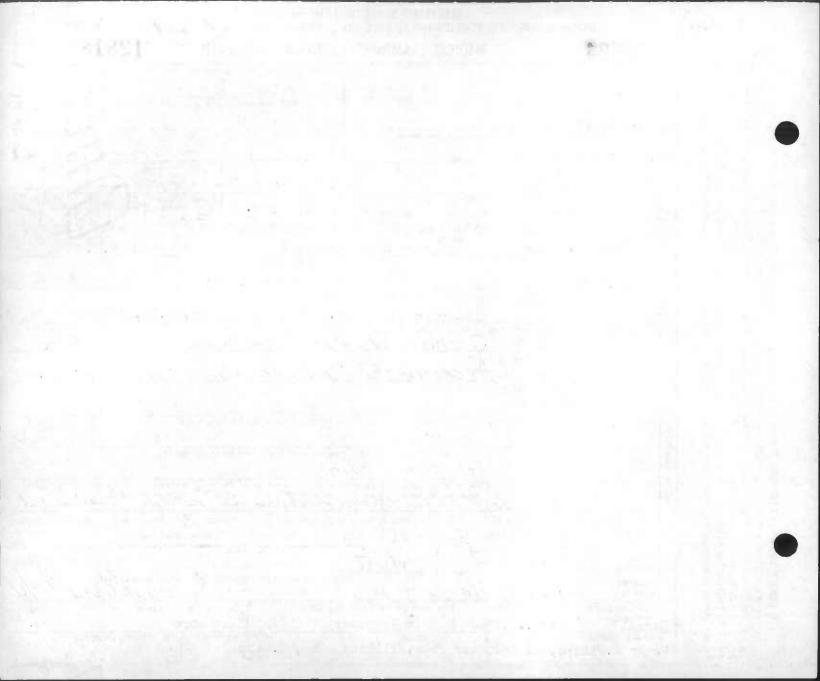
TO DEPUTY MELICAL EXAMINER:

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1.	PLACE OF DEATH		2. USUAL RESIDENCE (	Where deceosed lived, if institutio	n: Residence before a	idmission) /
		a. COUNTY		a. STATE	b. COUNT	TY	
		Howard	MARYLAND	Marylan		Baltimon	
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH O	STAY IN 1b	c. CITY OR TOWN (If or	itside corporote limits, write RURA	AL and give neorest to	own)
		write RURAL and give nearest fown)  Baltimore Ellicott City		Baltimore		30.	4
		d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddr	ess)	d. STREET ADDRESS		e. I	S RESIDENCE
70		Shaffer's Convalescent Home		Athol A	venue (4/2 N,)	YES	ON A FARM?
			dle	Lost	4 DATE Month	Day	Year
		DECEASED (Type or print) George J.	K	OENIG	OF SEPT	. 22	1966
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years		UNDER 24 HRS.
1	a	le White WIDOWED X D	VORCED	1-31-8	3 St burthdoy) Yrs.		lours Min.
		D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES	5 OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF W	HAT
	auri	ring most of working life, even if retired)  Retired Watchman   Montromer	v Ward	Maryland		COUNTRY?	
	13.	FATHER'S NAME		14. MOTHER'S MAIOEN	NAME		
		John Koenig		Frances	Fisher		
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO. 17. I	NFORMANT	Address	S	
		es, no, or unknown) (If yes give war ar dotes of service)	31.8 Mr	s. Bruce Wi	lliamson, Rt. 29	Ellicott.	City Me
-	n	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c		J. Diace Wi	TTT AND OH 31, 0 ° L/		AL BETWEEN
		PART I. DEATH WAS CAUSEO BY:	1/20-	1- 1/251	Africaca		AND DEATH
		IMMEDIATE CAUSE (a) CERTIFICAT	12764	1198 1117	11/4emg	6	1427.
		DUE TO A . J . 3	1- 1-	0 1 11	1 1/2		
		Conditions, if any, which gove ) (b) ME 1705Cl	entre (	grajo le	scalar 1/34	se 10	years
		rise to immediate cause (o), stating the underlying cause DUE TO				,	
		last. (c)					
	- 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE COL	IDITION GIVEN IN PART 1(a)	119 W/	AS AUTOPSY
13	S.	Parl Night for		THE TERMININE DISEASE CO.	Dillott Office in TART 1(0)	PE	RFORMED?
4	CAT		41			YES	NO 🖂
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Of ONTRIBUTING A CAUSE OF OEATH.	21		Part I or Part II of item 18.)		
			( - ) /	E OF INJURY (Home, form	20f. (City or town)	(County)	(State)
	MEDICAL	Hour am A While Met While	20e. PLAC	ory, street, office, bldg., etc.)	Elle Hol	11 1	
	×	p.m. 9 -/ 1966 at work at work	M (on u	ory, street, office, bldg., etc.)	L1 1019 663	Mount C	e, Hd
- 1		21. I certify that I taak charge of the remains descri	ed abave, he	ld an Autapsy [ ],	Inspection Inqui	ry , and in	my apinian
		death resulted fram: Natural causes . Accider	t . Suici	de . Hamicide	Undetermined ma	nner 🗌	
		01 00/	4	CHIEF MEDICAL			
		ACTUAL Stromes of the	best		ICAL EXAMINER	22.	DATE SIGNED
		SIGNATURE SUPPLIES C. SY	- Ca	M. D.	AL EXAMINER 1 44 Chu	or la Rd	9//
2		EXAMINER'S Thomas F. Herbert	LLA		, city, town, or county) Elic	St. C. 6. 41	122/4
-	22.0		OF CEMETERY OR		23d. LOCATION (City or Town	n) ((county)	(State)
0						(county)	Md.
1		0.2 20.2	Redeeme		Baltimore	ICTO ADIC CLONIATION	THE CO.
	24	4 FUNERAL DIRECTOR AODR		City Md. C	ED a	ISTRAR'S SIGNATURE	
	n	larry n.witzke, jet columnia rike,	BILL CO C	City Md. S	EP 27 1966 8	Charles 0	udas

VR A15ME (5)

5 may be retained for your files.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2. USUAL RESIDENCE (Where decegsed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY PM3. Page 0 MARYLAND after death. Deportment b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b and write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) IS RESIDENCE ON A FARM? Office along with form 72 hours Stote YES NO 3. NAME OF Middle OF DEATH DECEASED the (Type ar print) within MARRIED NEVER MARRIED AGE (In years last. birthday) Manths event and IDb. KIND OF BUSINESS OR during most of warking life, even if retired) any NGIRUCIION Ξ Chief Medical Examiner's des pencil 13. FATHER'S NAME be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, arunknawn) (If yes give war ar dates af service pending or removol, CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), apd (c).) OHSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate should writing the word cremation, the Conditions, if ony, which gove rise ta immediate cause (a), forwarded to DUE TO stating the underlying cause 0 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO C please execute the certificate, Health or its designated agent, prior to Poge 4 should be 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY X or CONTRIBUTING CAUSE OF DEATH. 2Dd\_INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year Nat While (City or town) (Caunty) (State) factory, street, affice bldg., etc.) your While FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian the funeral directar. Natural causes Accident 🔀 death resulted fram: Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar county) 0 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

VR A15ME (5)

P12S1 12S1  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12820

1.	PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENC	E (Where de	ceased lived, If in		esidence	before ad	mission)
	HOWard MARYLAND			EWOLL	- 00			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If	outside cor	porate limits, wi	Ite RURAL	and glv	e neares	t town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS				0	. IS RES	
	9 Montclair Rd.	9 Monto	lair	Rd.		Y		ND 🔲
3.	NAME DF First Middle DECEASED	Last	4. DATE	Mont	h	Day	Yea	r
_	(Type or print) George H. Snyder		DEATH	20,00			196	
5.	A MARKED A METER MARKED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	Months	Days Days	Hours	Min.
_		9-28-89		76 yrs.				
dui	a.USUAL DCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co		, or foreign country	CO	UNTRY	F WHAT	
12	President-Snyder Equipment Co., I:	nc. Kansa			US	A		
13	. FAIMER'S NAME	14. MOTHER'S MAID	EN NAME					
	Late- Charles Snyder	Late-Sa	rah I					
		INFORMANT rs. Inna S	invde	Addre	SS			
		Montclai			oward	Clo	unt	17
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		-			INTER	RVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	W/			10.0	UNS	AND D	CS
	1539 DUE TO 11 T	/	, ,		7			
	Conditions, if any, which (b) Westers of a	uc le	all	050	1	3	40	00
	gave rise to immediate cause (a), stating the DUE TO	1/-		0 1			1	
	underlying cause last. (c)	ll	BLOE	e v				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASECOÑ	DITION GIVEN IN	PART 1(a)	119.	WAS AU	
ICAT						YES		NO F
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of	injury in Pa	art I or Part II o	f Item 18.)			
MEDICAL	fantas	CE OF INJURY (Home, far y, street, office bldg., et	rm, 20f.	(City or town)	(Cou	nty)	(S	tate)
M	Hour a.m.  p.m.  19 While Not While at work		10	19/9/		-		
	21. I certify that (I) (this hospital) attended the deceased from	eller 19	Lego, to_	7/000	19		at (I) <del>(w</del>	
		death occurred at	M, fri	om/the causes				above.
	22a. SIGNATURE	ATTENDING - N	IED	STAFF -	225, 54	TE SIG	NEU	//
	22c, PHYSICIAN'S	PHYS. D	IRECTOR L	PHYS.	110	0	160	0
	NAME (Type) Christian Mass		t.17.	Pike &	8+	Joh	na	
232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	-1		CATION (City, to			(Sta	ate)
	REMDVAL (Specify)	~		ward Co			,50	
24	. FUNERAL DIRECTOR ADDRESS	Cem   25a. REC		TRAR 25b. R			TURE	al.
	witzke F.D4101 Edmondson Ave.	S	EP 30	1966	y cuas	rug	10	
_		DATE		- 1	,			

gall explanation in the re-

A STATE OF THE PROPERTY OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STMEaryland b. COUNTY Howard Pages 1 urs after after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b by write RURAL and give nearest town) oon papers. Pag within 72 hours hours Ellicott City St. Michaels Vrs. = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Taylor Manor Hospt. ND A YES withIn letely carbon First Middle Last DATE Month Year DECEASED event, 9/30/66 MAE P. STEWART DEATH 19 compl (Type or print) executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE DE BIRTH 7. MARRIED NEVER MARRIED remove any Female and White 11/26/84 8 WIDDWED X DIVORCED [ 12. CITIZEN DF WHAT Ξ 10a, USUAL DCCUPATION (Give kind of work done I 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even If retired)
Housewife certificate be COUNTRY? INDUSTRY and Brooklyn. N.Y. USA a removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then Cal Smith 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED EDRCES? 16. SDCIAL SECURITY ND. Address the attent t permit. 0 (Yes, no, or unkown) | (If yes give war or dates of service) death Hespt. Records cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit The law requires that the DNSET AND DEATH p PART I. DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-transor to burial, cri DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the as th underlying cause last. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY certificate hithed for use of Health pt. PERFORMED? NO [ PHYSICIAN: this cerum detached fo 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) be detached State Dept. ( MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME DF INJURY Month, Day, Year 2Df. (City or town) (County) After by the stand factory, street, office bldg., etc.) Not While While OR ATTENDING p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from AUC DIRECTOR: Jage 3 should lied with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE STAFF page ATTENDING MFD. M.D. PHYS. DIRECTOR PHYS. тау O HOSPITAL FUNERAL PHYSICIAN'S 22d. **ADDRESS** 22C. director, p should be Stephen Magness. Lee Taylor Manor Hospt Ell BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) remation 2 Balto. Greenmount **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. 24. FUNERAL DIRECTOR Home, Inc. -Wiedefeld VR A15 (4) DATE 20M 1/65

ISSI

and Property

1937c

18 46/05/11

dennikara, n.k.

MUTDOONE JUEDN

THE RESERVE AND DESCRIPTIONS

telle fra telle i delet i

THE REPORT OF THE PARTY OF THE

order tide to the description of the color o

strack morning malanz

n section weight

STATESTAL

Maine 1 3

cute the certification forwarded to

VS. A15ME(5) 5M 9/55

ar remaval.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.		7 "		13	4.
Reg. Dist. No.		1 6	4.0	10	6
	Reg.	Dist.	No.		

1. PLACE OF DEATH O. COUNTY HOWARD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence o. STATE b. COUNTY HOWARD	te before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
Hanover	Hanover	13-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
139 Hanover Road	139 Hanover Road	YES NO
3. NAME OF First Middle (Type or print) ERTA J. H. TAYLOR	Lost 4. DATE Month OF DEATH Sept. 8,1966	Day Year 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE IIn yours IF UNDER 1Y	
Female Whate WIDOWED DIVORCED	April 8,1884 82 birthdoy) yrs. Months Do	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Nurse  13. FATHER'S NAME	11. BIRTHPLACE (Stote or foreign country)  New Market Va.  14. MOTHER'S MAIDEN NAME	N OF WHAT COUNTRY?
John & Hopkins	Fannie Rice	
(Yes, no, or unknown)   If yes, give wer or dates of service)	rancis J. Taylor Jr., Leawood, Kansa	ıs
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  COPODRAL h	emorrhage	ONSET AND DEATH 5 minutes
Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost.  DUE TO  (b) Hypertensive Card  (c) UE TO  (c)	io Vascular disease	5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COURSED. (En	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	ster noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while foctor of work of work of work	E OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	r) (Stote)
21. I certify that I taak charge of the remains described above	e, held an Autapsy 🔲, Inspection 💢, Inquiry	X, and find that
death resulted from: Natural causes . Accident . Suic	ide, Homicide, Undetermined cause	
ACTUAL LEONGE BUYER	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S GERRGE E. BURGTORF 11	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	9-10-66
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR ( REMOVAL (Specify)	(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Stote)
Burial 9-12-1966 Grace Episcope	al Elkridge, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Jofey ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
F.C. Higinbothom, Ellicott City, Md.	7 DATE SEP 13 1966 Rolland	es Judge

• 6 as assured bootings, of bolical I blooming the act the thing stoods I had been built in

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH b. COUNTY BALTIMORE a. COUNTY HOWARD Maryland | death. MARYLAND delay ent c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 15 ond write RURAL and give negrest town) after Baltimore West Friendship d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? 1000 Rosedale Avenue YES T NO X ate Rt. 40 Stock Market Road haurs after death. 3. NAME OF Middle Last 4. DATE Manth DECEASED September 66 WALTER THOMAS 19 within (Type or print) IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last bythday) Manths Haurs Days Male White WIDOWED event in Item 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of warking life, even if refired)
Chauffsur Rockingham COUNTRY? any Const. Balto. Md. pages 13. FATHER'S NAME pencil = Elsie Little File ond William Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address be executed (Yes, no, ar unknawn) (If yes give war ar dates af service) ar remayal. pending" Elizabeth D. Thomas Same. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Crushing injury of chest IMMEDIATE CAUSE (a) This certificate should writing the ward crematian, Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse SD burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO please execute the certificate. designated agent, priar ta 20a. EXTERNAL CAUSE WAS PRIMARY Xor CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 4 should CAUSE OF DEATH. Auto-auto collision 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City ar town) (County) (State) 8:50 Nam. While Nat While factory, street, affice bldg., etc.)
Street be retained far yaur may be retained far yaur FUNERAL DIRECTOR: Page W. Friendship Md. Hwd. at wark at wark 21. I certify that I taok charge of the remains described above, held an Autapsy  $[\overline{X}]$ , Inspection Inquiry and in my apinian the funeral directar. death resulted fram: Accident X Suicide | Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE September 2, 1966 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** 5 may b Address (Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL CREMATION 23b DATE THEREOF (Caunty) REMOVAL (Specify) BELAIR MEMORIAL GARDENS BELAIR BURIAL FUNERAL DIRECTOR 901 S. CONKLING 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

BALTO. 21224

VR ATSME ST 6M 1/66

. AND C. ST. COST. . T. LIST LEWIS BOUNE ON TOWN TO MEET TO nofitation retains person to the state of the stat 

CER	TIFIC	ATE	OF	DEATH

death. ofter

director

death.

Pa

pe

shauld

papers.

carbon

pup

physician

death

1. PLACE OF DEATH

remove attending d FUNERAL DIF

ATTENDING PHYSICIAN:

HOSPITAL OR

0

	actual Signature ( Bredling Daugharthy M.D. 12		ADDRESS (Street, city	or town, state
	PHYSICIAN'S A.Bradley Dougharthy 1264	Franci	s Ave. Ba	altimor
	226. BURIAL, CREMATION, REMOVAL (Specify)  Burial  226. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATOR  St. Johns Luther		22d. LOCATION (CI	
2	23. FUNERAL DIRECTOR'S SIGNATURE TO ADDRESS  F. C. Higinbothom, Ellicott City, Md	- C 310		24b. REGISTRAI

21. I certify that I attended the deceased fram

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND H\_ward Maryland oward c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Elkridge Elkridge d. NAME OF HOSPITAL (If nat in haspital, give street address) d STREET ADDRESS Lawyers Hill Road 5701 Lawyers Hill Road NAME OF Middle DATE First Lost DECEASED YOUNG Sept. 23.1966 LUTHER 0. DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. B. DATE OF BIRTH 9. AGE (In years 5 SEX MARRIED NEVER MARRIED last birthday) Months Aug. 12.1907 Male White WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Grove Port Ohio W.R.Grace Chemist 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Trvin W. Young Florence Oman 16. SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address No Mrs. Myrtle M. Young, Same CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Heart Finease 7 yes Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY CATIO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, affice bldg., etc.) Hour a.m. While Nat while of work of wark

(County)

6, that I last saw the deceased an the date stated above.

Rea. Dist. No

e. IS RESIDENCE ON A FARM?

Day

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (State)

DATE SIGNED

(State)

01 VS A1S 1SM 9/5

Mer. II. oher, sur Fresh Contract II that the 1260 Engits tvo, Talthane, Df